95%IC 1.307–16.744) (figure 1B). The time-dependent model including SSM values at baseline and at 6 months after EOT predicted post-SVR HD development better than the models including LSM and its changes after therapy.

Conclusions The risk of HD is markedly reduced after DAA therapy, but not abolished. SSM is confirmed as an accurate surrogate of portal hypertension, able to stratify for the risk of HD development after DAA therapy more accurately than LSM.

IDDF2019-ABS-0196

LONG TERM OUTCOMES OF UTILIZING DONATION AFTER CIRCULATORY DEATH GRAFTS IN LIVER TRANSPLANTATION – AN AUSTRALIAN 12-YEAR COHORT STUDY

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10.1136/gutjnl-2019-IDDFabstracts.14

Background Organ shortage for liver transplantation (LT) is a major problem worldwide. Use of donation circulatory death donors (DCD) has been one strategy to expand the donor pool; however, data on long term outcomes in DCD graft recipients are mixed. We studied the characteristics, utilization and recipient outcomes of DCDs.

Methods We retrospectively studied adults who underwent deceased LT between 2006–2018. Donor and recipient data at LT and recipient outcomes were collected from a prospective database. Criteria for DCD selection at our center include all of the following: donor age <50years, BMI <30kg/m², and circulatory arrest within 30minutes of treatment withdrawal in otherwise suitable liver donors. The primary outcome of interest was graft survival (time to retransplantation or death).

Results During the study period (median follow-up 50.6months), 739 donors were utilized for LT with 53 (7.2%) being DCDs. Compared to donation after brain death donors (DBDs), DCDs were younger (30 vs. 50years), more likely to have history of predonation cardiac arrest (71.2% vs. 34.8%), had longer intubation time (3 vs. 2days), less inotrope requirements (32.7% vs. 7.8% on no agents) and higher AST (59 vs. 46U/L) (median values presented, all $P<0.01$). DCDs had shorter cold ischemia time (5.75 vs. 6.85hours, $P=0.005$) and

higher donor risk index (Feng *et al.* 2006) (1.68 vs. 1.56, $P<0.001$). As per our unit policy, recipients of DCD grafts were less likely to be PSC (1.9 vs. 9.0%, $P=0.076$) or retransplant patients (0 vs. 6%, $P=0.067$). Similarly, DCD recipients did not receive split grafts (0 vs. 15.3%, $P<0.001$). The proportion of DCDs among utilized grafts increased from 4.8% (2006–2009) to 7.8% (2010–2012) and remained stable afterward. 157 patients experienced graft loss during follow-up (31 retransplants, 126 deaths). DCD grafts had similar long term graft survival compared to DBDs, although DCDs recipients with high preLT MELD (>20) appeared to have worse outcomes (figure 1).

Conclusions Long term outcomes of DCD grafts are similar to DBD grafts especially when matched with appropriately selected recipients (first transplant, nonPSC patients with low MELD).

IDDF2019-ABS-0332

COMPARISON OF ANTIBIOTICS FOR THE PRIMARY AND SECONDARY PROPHYLAXIS OF SPONTANEOUS BACTERIAL PERITONITIS: A SYSTEMATIC REVIEW AND NETWORK META-ANALYSIS WITH BAYESIAN APPROACH

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10.1136/gutjnl-2019-IDDFabstracts.15

Background Spontaneous bacterial peritonitis is an infection of high serum-ascites albumin gradient (SAAG) ascites which usually occurs with cirrhosis. Various antibiotics are used for primary and secondary prevention of spontaneous bacterial peritonitis (SBP). We planned this study to systematically review the evidence from randomised studies comparing various antibiotics with placebo or one another for primary and secondary prevention of SBP.

Methods We did a comprehensive literature search using various databases (i.e. MEDLINE via Ovid and PubMed, Embase, Scopus, Web of science, LILAC, Cochrane Central Register of Controlled Trials and clinicaltrials.gov from inception to 6th September 2018. The search strategy contained no language restrictions and used following keywords ‘Liver cirrhosis’, ‘Chronic liver disease’, ‘Chronic Liver Failure’, ‘Primary

Abstract IDDF2019-ABS-0196 Figure 1